

PART B - FEE(S) TRANSMITTAL

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10/31/2007

MICHAEL I KROLL
171 STILLWELL LANE
SYOSSET, NY 11791

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<u>MICHAEL I KROLL</u>	(Depositor's name)
<u>[Signature]</u>	(Signature)
<u>1/31/08</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/812,193	03/29/2004	Gabor w. Orosz	GO-1-GW	2861

TITLE OF INVENTION: TILE PROTECTOR PLATFORM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$0	\$0	\$720	01/31/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS		
FONSECA, JESSIE T	3633	052-506060	02/05/2008 AIRINH1	00000017 10812193
			01 FC:2501	720.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

MICHAEL I KROLL

2 _____

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government4a. The following fee(s) are submitted: 0304 1070 0000 3876 1194

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500716 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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